

Implementation of a Multidisciplinary Patient Problem List: Planning and Organizational Issues

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A multidisciplinary patient problem list, including all issues affecting the patient's health and owned by all members of the health care team, is integral to the planning, provision and documentation of patient-focused care. However, developing and implementing such a problem list is a very complex process. The focus of this poster presentation is to describe the specific strategies we used in implementing a multidisciplinary problem list in an academic health sciences center.

All aspects of the implementation process flowed from the organizational vision for a computer-based patient record. We developed this vision with the input of an inter-disciplinary team as part of a system redesign initiative. It calls for a patient-focused, birth-to-death record integrated across all care givers and care sites. Essential elements of the record included a plan of care and a patient problem list. We established specific content and operational standards to guide and support the maintenance of the list based upon the vision.

We developed the problem list vocabulary by creating an inter-disciplinary coding team which culled clinical and billing documents and collated clinical terminology from existing patient records. We included terms from all health care disciplines and created language comfortable to the entire clinical community. The vocabulary is internally referenced to ICD-9-CM, SNOMED, NANDA and UMLS in order to support both billing and decision tools and for integration with clinical work flow.

We developed plans for implementation of the Problem List based upon goals identified in our vision for a computer-based patient record. We reviewed the literature to refine our operational criteria. We identified critical liaison groups within medical, nursing and ancillary staff. We created a list of "stakeholders" and formulated a summary of rewards or "pay-offs" related to problem list use. From focus group discussions, we identified potential barriers to success and developed strategies to overcome those problems.

We employed implementation strategies that included educational presentations, focus groups to inform and organize feedback from all members of the organization and presentations to campus leadership to assure commitment and support. We encouraged user involvement with several phases of structured functional testing prior to implementation and encouraged continued feedback following software roll-out.

We developed cost estimates for training, staffing and equipment budgets prior to software implementation. We assessed the potential impact on workload by analyzing data on problem list size and encounter tallies from existing automated systems. We calculated the average number of new problems per patient per year, assessed both outpatient and inpatient problem volumes and calculated data entry costs from time studies with problem list software. From these figures, we estimated the total institutional costs of our implementation strategies.

We created the multi-disciplinary patient problem list in collaboration with our commercial partner, Phamis Inc. The LastWord® clinical information system employs a relational database which provides network access to the problem list across all care sites. Patient problems can be added or resolved, but the problem list remains a completely historical portion of the computer-based patient record. The problem list becomes a point of reference for orders and assessments within the overall plan of care. Providers can enter or resolve problems directly; we also support problem list maintenance by transcriptionists, clinic clerks and clinic check-out staff. The problem list is the first feature of the on-line record; it remains dynamic and always current. While "hard" copies of the problem list may be printed at any point in time, they are not stored separately in a paper record.

Successful implementation of a multi-disciplinary patient problem list depends upon the commitment and coordinated effort of all health care providers. It represents the foundation of an overall plan of care and brings the organization one step closer to realizing the vision of the patient-focused computer-based record.